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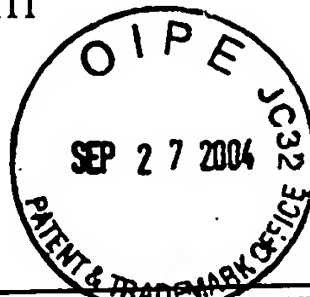
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021971 7590 06/30/2004
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Linda S. Wenzel (Depositor's name)
Linda S. Wenzel (Signature)
24 September 2004 (Date)

APPLICATION NO.	FILING DATE	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,137	02/04/2002	Mark A. Reiley	9448.17205-CIP 2	7309

TITLE OF INVENTION: FACET ARTHROPLASTY DEVICES AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ISABELLA, DAVID J	3738	623-017110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ryan Kromholz
1. & Manion, S.C.
2. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Archus Orthopedics Inc.

Redmond, Washington / US

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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09/28/2004 SSITHIB2 00000056 10067137

01 FC:2501
02 FC:1504
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300.00 OP
30.00 OP

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